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[www.centralparkbaptist.ca](http://www.centralparkbaptist.ca)

## CAMP ODYSSEY REGISTRATION FORM 2017

Please complete one registration form per camper and fill in EVERY box (i.e. please avoid writing "same as above")

### Summer Day Camp Dates

Please check off only the camp dates for which you are signing up (Camp hours are from 8:00 am -5:00 pm)

- |   |   |
|---|---|
| <input type="checkbox"/> July 4-7 (no camp on July 3) * | <input type="checkbox"/> July 31- August 4                    |
| <input type="checkbox"/> July 10 - 14                   | <input type="checkbox"/> August 8 - 11 (no camp on August 7)* |
| <input type="checkbox"/> July 17 - 21                   | <input type="checkbox"/> August 14 - 18                       |
| <input type="checkbox"/> July 24 - 28                   | <input type="checkbox"/> August 21 - 25                       |

**Costs: \$85/week per child**

**\*\$68/week per child for short week**

Payments for each camp week are required to ensure a space.

**Please make All Cheques Payable to Central Park Baptist Church**

#### Child's Information (print clearly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Returning Camper  New Camper

Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_ City: \_\_\_\_\_

Province: ON Postal Code: \_\_\_\_\_ Tel (Home): (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Gender: Female  Male

Age: \_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Camper T-shirt size (please check):  
 (at the time of registration)  S (5-6)  M (7-8)  L (10-12)  XL (14-16)

#### Medical Information

**Note:** Complete medical information is required for each child. Failure to complete any of the information on this form could endanger your child's safety.

Health Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name of Doctor: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

- Are all immunization requirements met (please check one)? Yes  No   
 (If not, please explain why) \_\_\_\_\_
- Has your child had any of the following illnesses or injuries (check all that apply)? Mumps  Measles   
 Chicken Pox  Whooping Cough  Previous Injuries  (please specify): \_\_\_\_\_
- Does your child have any special medical conditions or special needs (including behavioural)? Yes  No   
 (If yes, please specify): \_\_\_\_\_
- Does your child have any allergies? Yes  No  If yes, please complete the following:  
 Type of allergy: \_\_\_\_\_ High Risk  OR Low Risk   
 Reaction: \_\_\_\_\_  
 Type of allergy: \_\_\_\_\_ High Risk  OR Low Risk   
 Reaction: \_\_\_\_\_
- Does your child take any medication on a regular or emergency basis? Yes  No  Puffer  Epipen   
 (If yes, please specify): \_\_\_\_\_
- Does your child have any special requirements regarding diet, rest or exercise? Yes  No   
 (If yes, please specify): \_\_\_\_\_

**Primary Contact Information:** *Parent/Guardian "A" will be the primary contact, and Parent/Guardian "B" will be the secondary contact*

**PARENT/GUARDIAN A:**

Ms.  Mrs.  Mr.  Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

Apt/Unit #: \_\_\_\_\_ City: \_\_\_\_\_ Province: ON Postal Code: \_\_\_\_\_

Tel (Home): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Tel (Bus): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Tel (Cell)/Pager: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**PARENT/GUARDIAN B:**

Ms.  Mrs.  Mr.  Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

Apt/Unit #: \_\_\_\_\_ City: \_\_\_\_\_ Province: ON Postal Code: \_\_\_\_\_

Tel (Home): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Tel (Bus): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Tel (Cell)/Pager: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Alternate Pickup authorization:** In the event that I/We are not able to pick up my/our child, he/she has my/our permission to leave with the following individual(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contacts Information:** *Two people to be contacted in an emergency when a parent/guardian is unavailable and to whom the child may be released.*

**CONTACT 1**

Ms.  Mrs.  Mr.  Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Tel (Home): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Tel (Bus): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Tel (Cell)/Pager: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CONTACT 2**

Ms.  Mrs.  Mr.  Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Tel (Home): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Tel (Bus): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Tel (Cell)/Pager: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How did you hear about Central Park Baptist Church's Summer Day Camp Program?

Newspaper  Flyer  Church Sign  Friends/Relatives  Church Member  Camp Staff/Alumni  Other

Office Use Only:

Extend Care Required? Yes  No   
*Camp hours are from 8:00 am -5:00 pm*

Would you be interested in receiving more info about Central Park Baptist Church's events after camp is finished  
 Yes  No

Payment Type: Cash  Cheque   
 Payment Amount: \$ \_\_\_\_\_  
 Receipt Given/Date \_\_\_\_\_

Drop off as early as 7:30 am  
 Pick up as late as 5:30 pm  
 There is an additional fee and form required

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**PARENT/GUARDIAN AGREEMENT: (read carefully)**

**Waiver**

I, \_\_\_\_\_ (**parent/guardian**), hereby certify and represent that I have legal authority to authorize medical care and consent for the dependent registrant \_\_\_\_\_. I authorize Central Park Baptist Church to provide such medical care to me and all dependent registrants as it may deem necessary in the event of injury and agree to pay for all expenses incurred thereby. In part consideration of Central Park Baptist Church permitting me or any dependent registrants to participate in activities of its day camp I agree to release and discharge and to indemnify and save harmless Central Park Baptist Church from and against all claims and proceedings by whomsoever made and brought, in respect of any costs, losses, damage or injury arising by reason of my or their participation in such activities, or by reason of the provision of medical care to me or them.

**Field Trip Consent**

I give permission to Camp Odyssey staff to transport my child \_\_\_\_\_ off Church property to attend and participate in camp programming which involves leaving the Church premises (e.g. weekly field trips, activities, swimming). I give the Camp Odyssey staff permission to apply or assist with the application of sunscreen and bug repellent (must be sent with the camper) to my child.

**Photo Consent**

Throughout the duration of the day camp, photos will be taken of different activities in which the children are engaged. These photos are taken for security purposes and in-house display **only** (e.g. display boards, etc). These photos **will not** be used for external purposes (i.e. promotion/advertising on websites or in newspapers, flyers, etc) without your approval. I, \_\_\_\_\_, hereby give permission to the staff of Central Park Baptist Church to take photos of my child, \_\_\_\_\_ and use these photos within the guidelines set out above.

**Camper Conduct**

Issues with camper conduct will be dealt with on an individual basis. Coarse language, bullying, theft, physical and aggressive behaviour, inappropriate or uncooperative behaviour are unacceptable and will not be tolerated. All rules will be explained to campers on the first day of camp. All Campers displaying unacceptable behaviour will be spoken to immediately, informed of appropriate behaviour, and reminded of the rules. Camp staff will make every effort to ensure that parents/guardians are informed of issues with camper conduct. In some cases the participant may be asked to leave for the remainder of the day, or in extreme cases may be asked not to return for the remainder of the week.

Campers are asked not to bring unnecessary items to camp such as money, iPods, gameboys, cell phones or other electronic devices. All unnecessary items will be the sole responsibility of the campers and if seen been used during camp hours will be taken away and returned at the end of day.

I have read the information regarding **camper conduct** and understand that my child may be asked to leave the program if their conduct is not acceptable.

**Registration and Payment**

I understand that Registration Forms cannot be processed unless signed and accompanied by payment. Camp Odyssey reserves the right to cancel a camper's enrollment if camp fees are not paid in full before a camper's arrival at camp. I understand there is a \$45 admin fee for all NSF/returned cheques.

**I have read, understand and agree to all Camp Odyssey policies, terms and conditions of registration.**

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_